Application to License a Secondary Dwelling Unit

For Office Use Only

Application No.:
Location of Property:
Roll No.
Fee: **Receipt#:**

APPLICATION INFORMATION

Name of Applicant/Agent:		
Street Address:	City:	Postal Code:
Telephone No.:	Fax No.:	Email:
Name of Owner(s) if different from Applicant/Agent:		
Street Address:	City:	Postal Code:
Telephone No.:	Fax No.:	Email:

LOCATION

Location of Dwelling to be Registered:

Legal Description:
Concession:_____ Lot:_____ R-Plan:_____

PURPOSE OF APPLICATION

Check off the purpose of the proposed transaction:
☐ recognizing existing secondary dwelling unit ☐ creation of a secondary dwelling unit

Has application for registration as a secondary dwelling unit previously been made?
☐ NO
☐ YES - If *YES*, was the application: ☐ APPROVED ☐ DENIED

UNIT INFORMATION

Unit Type: ☐NEW ☐ EXISTING
Size of Dwelling: _____ m^2 or _____ft^2
Size of Accessory Unit: _____ m^2 or _____ft^2

Unit Location: ☐ Basement ☐ Second Floor
☐ Main Floor ☐ Other – Specify:_____

Number of Parking Spaces (please provide sketch):_____

Are there any external changes proposed?
☐ NO
☐ YES - If *YES*, provide details and plans: _____
_____
_____
_____

DECLARATION OF APPLICANT OR AUTHORIZED AGENT

THE FOLLOWING DECLARATION *MUST BE SIGNED* BY THE APPLICANT OR AGENT

I certify that I have knowledge of the particulars contained in the application and that all the statements contained in this application are in every respect, fully and truly stated to the best of my knowledge and belief and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath by virtue of THE CANADA EVIDENCE ACT

_____

Signature (Owner or Agent) **Print Name** **Date**

APPROVALS (Office use only)

ZONING BRANCH
DISTRIBUTED [ ] **DATE**_____ **APPROVED BY:**_____ **DATE:**_____

INSPECTIONS BRANCH (BUILDING INSPECTION)
DISTRIBUTED [ ] **DATE**_____ **APPROVED BY:**_____ **DATE:**_____

FIRE AND EMERGENCY SERVICES DEPARTMENT
DISTRIBUTED [ ] **DATE**_____ **APPROVED BY:**_____ **DATE:**_____

INSPECTIONS BRANCH (PROPERTY STANDARDS)
DISTRIBUTED [ ] **DATE**_____ **APPROVED BY:**_____ **DATE:**_____

Licensing

Based on the foregoing information, this application for licensing of a secondary dwelling unit at the location identified has been approved in accordance with By-law 2009-088

_____ _____

Manager of Building & Planning or Designate **Date**